County: Eau Claire FALL CREEK VALLEY NURSING HOME PO BOX 398 FALL CREEK 54742 Phone: (715) 877-2411
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 70
Total Licensed Bed Capacity (12/31/00): 70
Number of Residents on 12/31/00: 52 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Village Skilled No Yes Average Daily Census: **56** 

Services Provided to Non-Residents	1	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care Supp. Home Care-Personal Care	No   No	Primary Diagnosis	%   	Age Groups	%	Less Than 1 Year 1 - 4 Years	34. 6 34. 6
Supp. Home Care-Household Services Day Services	No No	Developmental Disabilities Mental Illness (Org./Psy)	0. 0 25. 0	Under 65 65 - 74	5.8	More Than 4 Years	30. 8
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	28. 8		100. 0
Adult Day Care Adult Day Health Care	No No	Al cohol & Other Drug Abuse Para-, Quadra-, Hemiplegic	0. 0 0. 0	85 - 94 95 & 0ver	50. 0 7. 7	Full-Time Equivaler	********* 1 <b>t</b>
Congregate Meals Home Delivered Meals	No Yes	Cancer Fractures	3. 8 0. 0		100. 0	Nursing Staff per 100 Re (12/31/00)	
Other Meals	No	Cardi ovascul ar	30. 8	65 & Over	94. 2		
Transportation Referral Service	No No	Cerebrovascul ar Di abetes	19. 2 1. 9	Sex	<u>%</u>	RNS LPNs	14. 5 7. 2
Other Services Provide Day Programming for	Yes	Respiratory Other Medical Conditions	5. 8 13. 5	Mal e	30. 8	Nursing Assistants Aides & Orderlies	36. 7
Mentally Ill	No	other wearcar conditions		Femal e	69. 2	Ardes & Orderfres	30. 7
Provi de Day Programming for Developmentally Disabled	No		100. 0		100. 0		
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## Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)		0ther		P	Pri vate Pay			Manageo	d Care		Percent		
			Per Die	m	Per Diem			Per Diem		Per Diem		Per Diem Total			Of All		
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	1	50. 0	\$256. 93	1	2. 9	\$110. 20	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	2	3. 8%
Skilled Care	ī		\$256. 93	28	82. 4	\$94. 42	ŏ	0. 0	\$0.00	<b>16</b>		\$105.00	ŏ	0. 0	\$0.00	$\tilde{45}$	86. 5%
Intermediate				5	14.7	\$78.63	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	5	9.6%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	2	100.0		34	100. 0		0	0.0		16	100.0		0	0.0		52	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti o	s, Services,	and Activities as of	12/31/00
beating builting helporting refrou				% 1	leedi ng		Total
Percent Admissions from:		Activities of	%	Assis	stance of	% Totally	Number of
Private Home/No Home Health	14. 9	Daily Living (ADL)	Independent	One 01	Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	3.8		59. 6	36. 5	52
Other Nursing Homes	82. 4	Dressi ng	13. 5		55. 8	30. 8	52
Acute Care Hospitals	0.0	Transferring	34. 6		36. 5	28. 8	52
Psych. HospMR/DD Facilities	0.0	Toilet Use	28. 8		34. 6	36. 5	52
Rehabilitation Hospitals	0. 0	Eating	73. 1		17. 3	9. 6	52
Other Locations	2.7	***************	******	*****	******	********	******
Total Number of Admissions	74	Continence			Special Trea		<b>%</b>
Percent Discharges To:		Indwelling Or Externa		13. 5		Respiratory Care	11. 5
Private Home/No Home Health	24. 1	Occ/Freq. Incontinent		28. 8		Tracheostomy Care	0. 0
Private Home/With Home Health	22. 9	Occ/Freq. Incontinent	of Bowel	9. 6	Recei vi ng		0. 0
Other Nursing Homes	6. 0					Ostomy Care	3. 8
Acute Care Hospitals	7. 2	Mobility	-			Tube Feeding	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrained		13. 5	Recei vi ng	Mechanically Altered Di	ets 55.8
Rehabilitation Hospitals	0. 0						
Other Locations	2.4	Ski n_Care				nt Characteristics	
Deaths	37. 3	With Pressure Sores		9. 6		ce Directives	96. 2
Total Number of Discharges		With Rashes		9. 6	Medications		
(Including Deaths)	83				Recei vi ng	Psychoactive Drugs	51. 9

		Ownershi p:		Bed Size:		Li censure:			
	Thi s	Government		50-99		Skilled		Al l	
	Facility	Peer Group		Peer Group		Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	80. 0	82. 7	0. 97	87. 3	0. 92	84. 1	0. 95	84. 5	0. 95
Current Residents from In-County	96. 2	85. 7	1. 12	80. 3	1. 20	83. 5	1. 15	77. 5	1. 24
Admissions from In-County, Still Residing	23. 0	34. 4	0. 67	21. 1	1.09	22. 9	1.00	21. 5	1.07
Admi ssi ons/Average Daily Census	132. 1	67. 7	1. 95	141. 8	0. 93	134. 3	0. 98	124. 3	1.06
Discharges/Average Daily Census	148. 2	72. 5	2.04	143. 0	1.04	135. 6	1.09	126. 1	1. 18
Discharges To Private Residence/Average Daily Census	69. 6	23. 7	2.94	<b>59. 4</b>	1. 17	<b>53. 6</b>	1. 30	49. 9	1.40
Residents Receiving Skilled Care	90. 4	83. 9	1. 08	88. 3	1.02	90. 1	1.00	83. 3	1.08
Residents Aged 65 and Older	94. 2	83. 5	1. 13	95. 8	0. 98	92. 7	1. 02	87. 7	1.07
Title 19 (Médicaid) Funded Residents	65. 4	77. 2	0. 85	57. 8	1. 13	63. 5	1.03	69. 0	0. 95
Private Pay Funded Residents	30. 8	17. 9	1. 72	33. 2	0. 93	27. 0	1. 14	22. 6	1. 36
Developmentally Disabled Residents	0. 0	3. 4	0.00	0. 7	0.00	1. 3	0.00	7. 6	0.00
Mentally Ill Residents	25. 0	<b>56.</b> 6	0.44	32. 6	0. 77	37. 3	0. 67	33. 3	0. 75
General Medical Service Residents	13. 5	14. 3	0. 94	19. 2	0. 70	19. 2	0. 70	18. 4	0. 73
Impaired ADL (Mean)	49. 6	50.8	0. 98	48. 3	1. 03	49. 7	1.00	49. 4	1.00
Psychological Problems	51. 9	61. 2	0.85	47. 4	1.09	50. 7	1. 02	50. 1	1.04
Nursing Care Required (Mean)	11. 3	6. 6	1. 71	6. 1	1.86	6. 4	1. 75	7. 2	1.58